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|---|----------------------|------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/786,380             |                |
|   | Filing Date          | February 24, 2004      |                |
|   | First Named Inventor | Mary Jane Cardosa      |                |
|   | Art Unit             | Not Yet Assigned       |                |
|   | Examiner Name        | Not Yet Assigned       |                |
| Total Number of Pages in This Submission  | 2                    | Attorney Docket Number | BN 700339-3001 |

| ENCLOSURES (check all that apply)  |  |   |         |  |
|--|--|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):<br><br><b>Associate Power of Attorney and Notice of Change of Correspondence Address Return Receipt Postcard</b> |         |  |
| <table border="1"><tr><td>Remarks</td><td></td></tr></table>   |  |   | Remarks |  |
| Remarks  |  |   |         |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Bingham McCutchen LLP<br>Antoinette F. Konski |
| Signature                                  | <i>Antoinette F. Konski</i>                   |
| Date                                       | <i>June 4, 2004</i>                           |

| CERTIFICATE OF MAILING  |                      |      |              |
|---|----------------------|------|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                      |      |              |
| Typed or printed name   | Peggy Nichols        |      |              |
| Signature   | <i>Peggy Nichols</i> | Date | June 4, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Dated: June 4, 2004

Peggy Nichols  
Peggy Nichols



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Application for:

Mary Jane Cardosa

Serial No.: 10/786,380

Filing Date: February 24, 2004

For: RECOMBINANT MVA VIRUS EXPRESSING  
DENGUE VIRUS ANTIGENS AND THE USE  
THEREOF IN VACCINES

Examiner: Not Yet Assigned

Group Art Unit: Not Yet Assigned

**ASSOCIATE POWER OF ATTORNEY AND NOTICE OF  
CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.34(b), please recognize Anne Collins, Reg. No. 40,564 as my associate attorney/agent in the above application, with full powers:

Applicant respectfully requests that all correspondence relating to the above-identified patent application be changed as follows:

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Respectfully submitted,

Dated: June 4, 2004

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